

RINCON DEL DIABLO M.W.D. BACKFLOW PREVENTION ASSEMBLY TEST REPORT FORM

Business Name: _____
 Phone No: _____
 Service Address: _____
 Service Address: _____
 Account No: _____
 Service Order: _____
 Meter No: _____
DOMESTIC SERVICE

Test Date: _____
 Device Type: _____
 Device Mfg.: _____
 Device Model: _____
 Device Size: _____
 Device Serial No.: _____
 Location: _____
RECYCLED SERVICE _____

REDUCED PRESSURE PRINCIPAL ASSEMBLY			Back Pressure: YES _____ NO _____
DOUBLE CHECK VALVE ASSEMBLY		Differential Pressure	Line PSI _____
Check Valve #1	Check Valve #2	Relief Valve	PVB
Initial Held at _____ PSID Closed Tight _____ Leaked _____	Held at _____ PSID Closed Tight _____ Leaked _____	Opened at _____ PSID Did Not Open _____	Air Inlet Opened at _____ Did Not Open _____
Repairs: Cleaned _____ Replaced _____ Rubber Kit _____ Other _____	Cleaned _____ Replaced _____ Rubber Kit _____ Other _____	Cleaned _____ Cleaned Sensing _____ Line (s) _____ Replaced _____ Rubber Kit _____ Other _____	Check Valve: Held at _____ PSID Leaked _____ Cleaned _____ Replaced _____ Rubber Kit _____ Other _____
Final Closed Tight _____ PSID _____	Closed Tight _____ PSID _____	Opened at _____ PSID	Air Inlet _____ Check Valve _____

APPARENT _____	ACTUAL _____	DOMESTIC _____
Initial Test by: _____	Date/Time _____	Pass/Fail _____
Repaired by: _____	Tester Number _____	Test Kit No. _____
Final Test by: _____	_____	_____
I certify the above report is true:		
(Signature) _____		
(Please Print Name) _____		